12/17/2007 13:46

Image# 27931662830

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Council of Life Insurers Political Action Committee 101 Constitution Ave., NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00147066 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 2007 30 2007 1 1 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Donald L. Walker Type or Print Name of Treasurer Electronically Filed by Mr. Donald L. Walker 12 17 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

F	eport Covering the Period: From:	01 2007	To: 11 30 Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1 Y2007 Y2007		35088.05
	(b) Cash on Hand at Begining of Reporting Period	22757.21	
	(c) Total Receipts (from Line 19)	19001.65	306147.02
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41758.86	341235.07
	Total Disbursements (from Line 31)	22850.00	322326.21
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18908.86	18908.86
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

0 1 3^D0 м N 1 1 м м 1 1 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 9205.20 91706.51 (i) Itemized (use Schedule A) 3796.45 39940.51 (ii) Unitemized (iii) TOTAL (add 13001.65 131647.02 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 6000.00 174500.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 19001.65 306147.02 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 19001.65 306147.02 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 19001.65 306147.02 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS COLUMN A COLUMN B

II. DISBURSEMI	ENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures		Total This Feriou	Calendar Tear-to-Date
(a) Shared Federal/No Activity (from Sche	dule H4)	0.00	0.00
(i) Federal Share			
` '	Share	0.00	0.00
(b) Other Federal Ope Expenditures	•	0.00	0.00
(c) Total Operating Ex		0.00	0.00
(add 21(a)(i), (a)(ii) 2. Transfers to Affiliated/O	and (b))	0.00	0.00
Committees		0.00	0.00
 Contributions to Federal Candidates/Con and Other Political Com 		14750.00	306776.21
Independent Expenditur			
(use Schedule E) 5. Coordinated Expenditure	es Made by Party	0.00	0.00
Committees (2 U.S.C. 4 (use Schedule F)	41a(d))	0.00	0.00
6. Loan Repayments Made	·	0.00	0.00
7. Loans Made		0.00	0.00
 Refunds of Contribution Individuals/Persons Than Political Com 		0.00	0.00
(b) Political Party Com	mittees	0.00	0.00
(c) Other Political Com (such as PACs)		0.00	0.00
(d) Total Contribution F			
(add Lines 28(a), (b	o), and (c))	0.00	0.00
9. Other Disbursements		8100.00	15550.00
D. Federal Election Activity	(2 U.S.C 431(20))		
(a) Shared Federal Ele	,		
(from Schedule H6)		0.00	0.00
(i) Federal Share			
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Ac With Federal Funds		0.00	0.00
(c) Total Federal Electi Lines 30(a)(i), 30(* *	0.00	0.00
. Total Disbursements (a	dd Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	22850.00	322326.21
. Total Federal Disburse			
(subtract Line 21(a)(ii) f from Line 31)	, ,,,	22850.00	322326.21
HOIT LINE OT J		2200.00	OZZOZO.Z I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19001.65	306147.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19001.65	306147.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6/36	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,		
American Council of Life Insurers Poli	tical Action (Committee		
Full Name (Last, First, Middle Initial) A. Mr. Thomas E. Rattmann			Date of Receipt	
Mailing Address 836 Overbrook Drive			11 01 2007	
City	State	Zip Code	Transaction ID: 22096375	
Vestal	NY	13850-2946	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		550.00	
Name of Employer Columbian Mutual Life Ins- urance Compan	Occupation Presiden			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼	0 0	550.00		
Full Name (Last, First, Middle Initial) 3. Mr. Richard E Bauer	1		Date of Receipt	
Mailing Address 550 Bair Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 22096377	
Berwyn	PA	19312-1412	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Columbian Mutual Life Ins-	Occupation			
urance Compan Receipt For:		ice President e Year-to-Date ▼	_	
Primary General	Aggregate			
Other (specify)		250.00		
Full Name (Last, First, Middle Initial) Mr. Gregory A. Hamilton			Date of Receipt	
Mailing Address 8810 W. 147th Terrac	Mailing Address 8810 W. 147th Terrace			
City	State	Zip Code	Transaction ID: 22133426	
Overland Park	KS	66221-2188	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Americo Financial Life and	Occupation			
Annuity Ins Receipt For:		sident & Director, Investment e Year-to-Date V	S	
Primary General	33 3			
Other (specify) ▼	0 0	250.00		
SUBTOTAL of Receipts This Page (optional)		·····	1050.00	
TOTAL This Period (last page this line number	only)	>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/36 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may ne and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Political	Action (Committee	
A.	Great Southern Life Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		Zip Code 64079-0563 n sident, Compliance Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Americo Finàncial Life and Annuity Ins		Zip Code 66214-2692 n sident, Counsel & Secretary Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 22133630 Amount of Each Receipt this Period 250.00
 	Americo Financial Life and Annuity Ins		Zip Code 66213-3840 n erating Officer e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 22133631 Amount of Each Receipt this Period 250.00
s	UBTOTAL of Receipts This Page (optional))	750.00
т	OTAL This Period (last page this line number only	·)	>	

PAGE 8/36 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Mr. James L. Anderson Mailing Address P.O. Box 13487 2007 1.1 07 City Zip Code State Transaction ID: 22133632 Kansas City MO 64199-3487 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Americo Financial Life and Occupation Senior Vice President, Marketing Annuity Ins Aggregate Year-to-Date ▼ Receipt For: General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Mark K. Fallon Date of Receipt Mailing Address 2209 W. 126th Street 07 2007 City Zip Code State Transaction ID: 22133633 Leawood KS 66209-1384 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Americo Life Insurance Co-Occupation Chief Financial Officer & Treasurer mpany Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Gary L. Muller Date of Receipt Mailing Address P.O. Box 13487 2.00.7 1.1 07 Citv State Zip Code Transaction ID: 22133634 Kansas City MO 64199-3487 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer Great Southern Life Insur-Occupation President and CEO ance Company Aggregate Year-to-Date ▼ Receipt For: General Primary 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 36 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	13 14 15 16 17 In for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Mr. Michael A. Merriman			Date of Receipt
	Mailing Address 300 West 11th Street			111 07 2007
	City	State	Zip Code	Transaction ID: 22133640
	Kansas City	MO	64105-1618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Americo Life Insurance Co- mpany	Occupation Chairman	n n of the Board	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent			Date of Receipt
	Mailing Address 101 Constitution Ave, NV Suite 700	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1120489712234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		88.66
	Name of Employer American Council of Life Insurers	Occupation Senior Co		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		975.27	P/R Deduction (\$44.33 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Mr. Donald L. Walker			Date of Receipt
	Mailing Address 101 Constitution Ave, NV Suite 700	N		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1156427112234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer American Council of Life Insurers	Occupation CFO		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1100.00	P/R Deduction (\$50.00 Sem- i-Monthly)
SI	UBTOTAL of Receipts This Page (optional)			1188.66
т	OTAL This Period (last page this line number on	ıly)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 36
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	winforms the control from a colo Department and Otatana			13 14 15 16 17
or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
	American Council of Life Insurers Political A	Action C	Committee	
Α.	Full Name (Last, First, Middle Initial) Jean-Francois Poulin			Date of Receipt
	Mailing Address 527 Bookbinder Way			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1415829612234
	<u>Lansdale</u> F	PA	19446-4056	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			60.00
	London Life Deineuronee	cupation ecutive	Vice President	
		ggregate	Year-to-Date ▼	7
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Mr. Peter L. Tedone			Date of Receipt
	Mailing Address 32 Lincoln			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1503560112234
	<u>Weatogue</u> C	<u>CT</u>	06089-9780	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			126.90
	Vantiel ifo Incurance Comp	cupation esident	& Chief Executive Officer	
	Receipt For: Ag	ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		380.70	P/R Deduction (\$42.30 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh			Date of Receipt
	Mailing Address 101 Constitution Ave, NW 101 Constitution Ave, NW	M M / D D / Y Y Y Y		
	•	State	Zip Code	Transaction ID: PR1550105912234
	<u>Washington</u>	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			309.90
	American Council of Life Insurers		Vice President	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		309.90	P/R Deduction (\$169.27 Semi-Monthly)
s	UBTOTAL of Receipts This Page (optional)			496.80
	OTAL This Period (last page this line number only)			

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11/36
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politica	al Action (Committee	
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Gary E. Hughes			Date of Receipt
	Mailing Address 101 Constitution Avenue,	NW		M M / D D / Y Y Y Y
	Suite 700 West			
	City	State	Zip Code	Transaction ID: PR771358212234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			270.24
	federal political committee.	C		270.34
	Name of Employer American Council of Life	Occupation	1	7
	American Council of Life Insurers	Executive	e Vice Pres & General Couns	e
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	0070.70	P/R Deduction (\$135.17 Se-
	Other (specify) ▼		2973.73	mi-Monthly)
	Full Name (Last, First, Middle Initial)			
5.	Ms. Linda H. Cunningham	N IVA /		Date of Receipt
	Mailing Address 101 Constitution Avenue, Suite 700 West	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR771362412234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
	Name of Employer American Council of Life	Occupation		
	Insurers Pagaint For:		sident, Conference Developm	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D 1 11 (470 00 0
	Other (specify)	' '	1100.00	P/R Deduction (\$50.00 Sem- i-Monthly)
	Cuter (speelily)			Wenting)
	Full Name (Last, First, Middle Initial)			
Э.	Ms. Roberta B. Meyer			Date of Receipt
	Mailing Address 101 Constitution Avenue,	NW		M M / D D / Y Y Y Y
	Suite 700 West City	State	Zip Code	Transaction ID: PR771362712234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	•		20001 2100	Amount of Each Necept this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Council of Life	Occupation		
	Insurers		eneral Counsel	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		220.00	P/R Deduction (\$10.00 Sem-
	Other (specify) ▼			i-Monthly)
SI	JBTOTAL of Receipts This Page (optional)			390.34
			······································	
т	OTAL This Period (last page this line number onl	v)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/36
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St	atements may	not be sold or used by any person	
or for commercial purposes, other than using the	name and add	lress of any political committee to se	olicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers Politi	ical Action C	Committee	
Full Name (Last, First, Middle Initial) A. Mr. John F. Dolan			Date of Receipt
Mailing Address 101 Constitution Ave, N	1W		M M / D D / Y Y Y Y
Suite 700 West	Ctoto	7in Code	
City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771365412234 Amount of Each Receipt this Period
FEC ID number of contributing		20001-2133	
federal political committee.	C		40.00
Name of Employer American Council of Life	Occupation		
Insurers		sident, Media Relations	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Doduction (\$20.00 Com
Other (specify)	0 0	440.00	P/R Deduction (\$20.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initial)			
Ms. Barbara A. Price Mailing Address 101 Constitution Avenu			Date of Receipt
Mailing Address 101 Constitution Avenu Suite 700 West	ie, ivvv		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR771369012234
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.26
Name of Employer American Council of Life	Occupation		
Insurers		slative & Regulatory Informati	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D . I . I' /405 40 0
Other (specify) ▼		527.21	P/R Deduction (\$25.13 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) C. Mr. J. Bruce Ferguson			Date of Receipt
Mailing Address 101 Constitution Avenu Suite 700 West	ıe, NW		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR771373212234
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing	С		233.22
federal political committee.			
Name of Employer American Council of Life	Occupation		
Insurers Receipt For:		ce President, State Relations Year-to-Date ▼	
Primary General	gg. ogalo		P/R Deduction (\$116.61 Se-
Other (specify) ▼		2565.43	mi-Monthly)
SUBTOTAL of Receipts This Page (optional)			323.48
		<u> </u>	
TOTAL This Period (last page this line number of	only)	>	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13/36		
	-		Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Guillinary Fage	13 14 15 16 17		
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.		
/	NAME OF COMMITTEE (In Full)					
\rangle	American Council of Life Insurers Politic	al Action (Committee			
۹.	Full Name (Last, First, Middle Initial) Ms. Shawn Hausman			Date of Receipt		
	Mailing Address 101 Constitution Avenue Suite 700 West	Mailing Address 101 Constitution Avenue, NW				
	City	State	Zip Code	Transaction ID: PR771373512234		
	Washington	DC	20001-2133	Amount of Each Receipt this Period		
	FEC ID number of contributing			42.82		
	federal political committee.	C		42.02		
	Name of Employer American Council of Life	Occupation	n President, Public Affairs			
	Insurers Receipt For:		Year-to-Date ▼	-		
	Primary General	riggrogate	real to Bate V	D/D Deduction (#01 41 Com		
	Other (specify) ▼		471.01	P/R Deduction (\$21.41 Sem- i-Monthly)		
	Full Name (Last, First, Middle Initial) Mr. David M. Leifer			Date of Receipt		
٠.	Mailing Address 101 Constitution Avenue	─				
	Suite 700 West					
	City	State	Zip Code	Transaction ID: PR771374012234		
	Washington	DC	20001-2133	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		108.34		
	Name of Employer American Council of Life	Occupation Senior Co				
	Insurers Pagaint For:		Year-to-Date ▼	_		
	Receipt For: Primary General	Aggregate	real-lo-Dale ▼			
	Other (specify)		1191.74	P/R Deduction (\$54.17 Sem- i-Monthly)		
	Full Name (Last, First, Middle Initial) Mr. James D. Hall			Date of Receipt		
	Mailing Address 101 Constitution Avenue	NIM		M M / D D / Y Y Y Y		
	Suite 700 West	, 1444				
	City	State	Zip Code	Transaction ID: PR771374312234		
	Washington	DC	20001-2133	Amount of Each Receipt this Period		
	FEC ID number of contributing			00.00		
	federal political committee.	C		30.00		
	Name of Employer American Council of Life	Occupation	า	7		
	Insurers	Senior Co	ounsel			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		220.00	P/R Deduction (\$15.00 Sem-		
	Other (specify)		330.00	i-Monthly)		
s	UBTOTAL of Receipts This Page (optional)			181.16		
	,					
T	OTAL This Period (last page this line number on	ly)	>			

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14/36
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
	Full Name (Last, First, Middle Initial)			
۹.	Mr. David R. Wentworth			Date of Receipt
	Mailing Address 101 Constitution Avenue	, NW		M M / D D / Y Y Y Y
	Suite 700 West			
	City	State	Zip Code	Transaction ID: PR771376012234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Council of Life	Occupation	n	7
	American Council of Life Insurers		sident, Research	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		000,00	P/R Deduction (\$30.00 Sem-
	Other (specify)		660.00	i-Monthly)
2	Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox			Date of Receipt
٠.	Mailing Address 101 Constitution Avenue	NIM/		M M / D D / Y Y Y Y
	Suite 700 West	W - W / D - D / T - T - T - T		
	City	State	Zip Code	Transaction ID: PR771376812234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			40.04
	federal political committee.	C		42.84
	Name of Employer	Occupation	n	-
	American Council of Life		Vice President	
	Insurers Receipt For:		e Year-to-Date ▼	-
	Primary General	33 -3		P/R Deduction (\$21.42 Sem-
	Other (specify) ▼		471.23	i-Monthly)
_	Full Name (Last, First, Middle Initial)			Date of Receipt
٠.	Mr. John W. Mangan, CEBS Mailing Address 101 Constitution Ave, NV	Λ/		M M / D D / Y Y Y Y
	Suite 700	/ V		WI S WI / B S B / T S T S T S T
	City	State	Zip Code	Transaction ID: PR771377112234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		200.00
	Name of Employer	Occupation	n	-
	Name of Employer American Council of Life		Vice President, State Relation	
	Insurers Receipt For:		Year-to-Date ▼	<u>-</u>
	Primary General	33 -3		P/R Deduction (\$100.00 Se-
	Other (specify) ▼		2200.00	mi-Monthly)
				200.01
S	UBTOTAL of Receipts This Page (optional)		······	302.84
T	OTAL This Period (last page this line number or	ıly)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15/36
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Mr. Donald G. Preston			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771386412234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		153.12
	Name of Employer American Council of Life	Occupation	n g Director, Reinsurance	
	Insurers Receipt For:		Year-to-Date ▼	_
	Primary General	Aggregate	: Teal-to-Date ♥	D/D Doduction (\$70.50 Com
	Other (specify)	0 0	1684.33	P/R Deduction (\$76.56 Sem- i-Monthly)
3.	Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR771395112234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		326.04
	Name of Employer American Council of Life	Occupation	1	
	Insurers		e Vice President, Federal Rel	a
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		3586.44	P/R Deduction (\$163.02 Semi-Monthly)
— D.	Full Name (Last, First, Middle Initial) Mr. John Pearson			Date of Receipt
	Mailing Address 10075 Red Run Bouleva	rd		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771402612234
	Owings Mills	MD	21117-4865	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		100.00
	Name of Employer Baltimore Life Insurance	Occupation		
	Company	President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1150.00	P/R Deduction (\$50.00 Wee-kly)
S	UBTOTAL of Receipts This Page (optional)			579.16
			•	
T	OTAL This Period (last page this line number on	ıly)		

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16/36
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
	Full Name (Last, First, Middle Initial)			
٩.	Ms. Olivia Gillis			Date of Receipt
	Mailing Address 101 Constitution Ave, N	N		M M / D D / Y Y Y Y
	Suite 700	State	Zip Code	DD771400110004
	City Washington	DC	·	Transaction ID: PR771408112234
		ЪС	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Council of Life	Occupation	n	1
	American Council of Life Insurers	Senior E	ditor	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		220.00	P/R Deduction (\$10.00 Sem-
	Other (specify) ▼		220.00	i-Monthly)
2	Full Name (Last, First, Middle Initial) Ms. Sheila M. Ziegler			Date of Receipt
٠.		Λ/		M M / D D / Y Y Y Y
Mailing Address 101 Constitution Ave, NW Suite 700				
	City	State	Zip Code	Transaction ID: PR771412112234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			26.26
	federal political committee.	C		26.36
	Name of Employer	Occupation	2	-
	American Council of Life		Secretary, Office of the Gene	
	Insurers Receipt For:		Year-to-Date ▼	
	Primary General	1.555		P/R Deduction (\$13.18 Sem-
	Other (specify) ▼		289.97	i-Monthly)
_	Full Name (Last, First, Middle Initial)			
j.	Mr. Morris Goff			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	e, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771419312234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		79.98
	N (5)			
	Name of Employer American Council of Life	Occupation		
	Insurers Receipt For:		sident, Federal Relations e Year-to-Date ▼	_
	Primary General	Aggregate	Freal-10-Date ♥	D/D Doduction (\$00.00 Com
	Other (specify)		879.78	P/R Deduction (\$39.99 Sem- i-Monthly)
	L			
SI	JBTOTAL of Receipts This Page (optional)			126.34
	. 5 ,			
T	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 36 (check only one) X 11a 11b 11c 12 13 14 15 16 17							
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions							
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	al Action (Committee								
۹.	Full Name (Last, First, Middle Initial) Frank Keating Mailing Address 101 Constitution Avenue,	NW		Date of Receipt							
	Suite 700 West										
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771419712234 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C	20001 2100	416.66							
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate		P/R Deduction (\$208.33 Semi-Monthly)							
3.	Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter Mailing Address 101 Constitution Avenue.	NW		Date of Receipt							
	Suite 700 West		7'- 0-4-								
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771419812234							
	FEC ID number of contributing federal political committee.	C	20001-2103	Amount of Each Receipt this Period 416.66							
	Name of Employer American Council of Life Insurers		e Vice President & COO								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4583.26	P/R Deduction (\$208.33 Semi-Monthly)							
<u> </u>	Full Name (Last, First, Middle Initial) Brenda Nation			Date of Receipt							
	Mailing Address 101 Constitution Avenue, Suite 700 West	NW		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR771419912234							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		100.00							
	Name of Employer American Council of Life	Occupation Senior Co									
	Insurers Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1100.00	P/R Deduction (\$50.00 Sem-i-Monthly)							
S	UBTOTAL of Receipts This Page (optional)			933.32							
	OTAL This Period (last page this line number on										

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/36
ITEMIZED RECEIPTS		or each category of the	(check only one)	
"	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Δ	ny information copied from such Reports and Stateme	ante may	y not be sold or used by any person	of cryptop of soliciting contributions
or	for commercial purposes, other than using the name	and add	dress of any political committee to	solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Council of Life Insurers Political A	Action (Committee	
Z				
Α.	Full Name (Last, First, Middle Initial) Ms. Nancy Smith			Date of Possint
Α.	Mailing Address 101 Constitution Avenue, N	١٨/		Date of Receipt
	Suite 700 West	vv		Wishin / D. D. / T. T. T. T.
		State	Zip Code	Transaction ID: PR771420012234
	<u>Washington</u>	OC .	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	<i>;</i>		30.00
	Name of Employer American Council of Life	cupation	1	
	Insurers		e Assistant	
		ggregate	Year-to-Date ▼	
	Primary General		330.00	P/R Deduction (\$15.00 Sem-i-Monthly)
	Other (specify)	1 1		1-MONITHINY)
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Daniel J. Mahoney			Date of Receipt
	Mailing Address 101 Constitution Avenue, N	W		M M / D D / Y Y Y
	Suite 700 West			
	•	State	Zip Code	Transaction ID: PR771420912234
	Washington [DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			113.76
	rederal political committee.			
	American Council of Life	cupation		
	Insurers		sident, Communications	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1251.35	P/R Deduction (\$56.88 Sem- i-Monthly)
	Other (specify)	0 0		1 Worlding)
_	Full Name (Last, First, Middle Initial)			<u> </u>
C.	Ms. Debra K. West			Date of Receipt
	Mailing Address 101 Constitution Avenue, N Suite 700 West	W		M M / D D / Y Y Y Y
		State	Zip Code	Transaction ID: PR771421012234
	•	DC	20001-2133	Amount of Each Receipt this Period
	FFC ID number of contribution		1 1 1 1 1 1	
	federal political committee.	7		100.00
	Name of Employer	a unation		_
	American Council of Life	cupation	י ounsel & Director, Southern F	30
	111001010		Year-to-Date V	1
	Primary General	ggi ogalo	Tour to Date V	P/R Deduction (\$50.00 Sem-
	Other (specify) ▼		1100.00	i-Monthly)
_				
	•			040.70
s	SUBTOTAL of Receipts This Page (optional)		>	243.76
Г				
T	OTAL This Period (last page this line number only)		>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/36							
ITEMIZED RECEIPTS			or each category of the	(check only one)							
••	EMIZED HEGEN 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Δr	ny information copied from such Reports and State	mente may	y not be sold or used by any perso								
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.							
\setminus	NAME OF COMMITTEE (In Full)										
	American Council of Life Insurers Politica	al Action C	Committee								
A.	Full Name (Last, First, Middle Initial) Mr. Michael Lovendusky			Date of Receipt							
	Mailing Address 101 Constitution Ave, NW Suite 700	<i>I</i>		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR771421112234							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		20.00							
	American Council of Life	Occupation Assoc. G	n eneral Counsel								
	Insurers Receipt For:		Year-to-Date ▼								
	Primary General		220.00	P/R Deduction (\$10.00 Sem-							
	Other (specify) ▼	0 0	220.00	i-Monthly)							
В.	Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith			Date of Receipt							
Mailing Address 101 Constitution Ave, NW Suite 700 West		/		M M / D D / Y Y Y Y							
		State	Zip Code	Transaction ID: PR771422912234							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing										
	federal political committee.	C		59.38							
	Name of Employer American Council of Life	Occupation	1	1							
	American Council of Life Insurers	PAC Dire	ctor								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	' '	640.05	P/R Deduction (\$29.69 Sem-							
	Other (specify)	0 0		i-Monthly)							
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Lisa Tate			Date of Receipt							
	Mailing Address 101 Constitution Avenue,	NW		M " M / D " D / Y " Y " Y " Y							
	Suite 700										
	City Washington	State DC	Zip Code	Transaction ID: PR771423212234							
	•	ЪС	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.			80.00							
Amorican Council of Life		Occupation		7							
	Insurers		General Counsel, Litigation								
		Year-to-Date ▼									
	Primary General Other (specify) ▼	' '	880.00	P/R Deduction (\$40.00 Sem- i-Monthly)							
				,							
	IJRTOTAL of Receipts This Page (entianel)			159.38							
\vdash	UBTOTAL of Receipts This Page (optional)		_								
lτ	OTAL This Period (last page this line number only	v)									

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 36
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary 1 age	13 14 15 16 17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any person	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Ms. Nina Aponte			Date of Receipt
	Mailing Address 101 Constitution Ave, NV	V		M " M / D " D / Y " Y " Y " Y
	Suite 700	State	Zip Code	- " - DD771405010004
	City	DC	·	Transaction ID: PR771425312234
	Washington	ЪС	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer American Council of Life	Occupation	n caff Accountant	
	Insurers Receipt For:	l	Year-to-Date ▼	_
	Primary General	Aggregate	: Teal-to-Date ▼	D/D Dadwation (\$10.00 Com
	Other (specify) ▼	0 0	220.00	P/R Deduction (\$10.00 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial)			
3 .	Mr. John P. Gerni	•		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700				M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771428712234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		110.42
	Name of Employer	Occupation	 1	1
	American Council of Life Insurers		egislative Director	
	Receipt For:		e Year-to-Date ▼	
	Primary General		110010	P/R Deduction (\$55.21 Sem-
	Other (specify)		1182.10	i-Monthly)
— Э.	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott			Date of Receipt
	Mailing Address 101 Constitution Ave, NV	N		M M / D D / Y Y Y Y
	Suite 700 West			
	City	State	Zip Code	Transaction ID: PR771428812234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		117.50
	Name of Employer American Council of Life	Occupation	 1	†
	American Council of Life Insurers		ce President, Federal Relation	
	Receipt For:		e Year-to-Date ▼	
	Primary General			P/R Deduction (\$58.75 Sem-
	Other (specify)	0 0	1292.50	i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			247.92
T	OTAL This Period (last page this line number on	ly)		

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21/36
	MIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any	information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
	or commercial purposes, other than using the nar	me and add	iress of any political committee to	solicit contributions from such committee.
١	NAME OF COMMITTEE (In Full)		2 a ma ma itt a a	
<u>/</u>	American Council of Life Insurers Politica	Action (Jommittee	
	Full Name (Last, First, Middle Initial) David C. Turner			Date of Receipt
-	Mailing Address 101 Constitution Ave, NW	ı		M " M / D " D / Y " Y " Y " Y
-	Suite 700		7. 0 .	
	Dity Machineton	State	Zip Code	Transaction ID: PR771428912234
_	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		171.26
Ī	Name of Employer American Council of Life	Occupation	1	7
1	nsurers		President and Corp Sec.	
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1883.85	P/R Deduction (\$85.63 Sem- i-Monthly)
	Calci (openity) 🔻	0 0	0 0 0 0 0 0 0	,,,
_	Full Name (Last, First, Middle Initial) Miriam Krol			Date of Receipt
N	Mailing Address 101 Constitution Ave, NW	1		M " M / D " D / Y " Y " Y " Y
-	Suite 700	.		
	City Machineter	State	Zip Code	Transaction ID: PR771434012234
_	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		20.00
Ŋ	American Council of Life	Occupation		7
1	nsurers	Senior Di		
-	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D 1 1 10 10 10 10 10 1
	Other (specify)		220.00	P/R Deduction (\$10.00 Sem- i-Monthly)
		0 0	0 0 0 0 0 0 0	27
_	Full Name (Last, First, Middle Initial) Kynondo Lewis			Date of Receipt
N	Mailing Address 101 Constitution Ave, NW Suite 700	1		M " M / D " D / Y " Y " Y " Y
(Dity	State	Zip Code	Transaction ID: PR771439612234
7	Washington	DC	20001-2133	Amount of Each Receipt this Period
	EC ID number of contributing	С		19.16
f	ederal political committee.			
Ŋ	American Council of Life	Occupation		7
<u> </u>	nsurers		egal Editor	_
ŀ	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Doduction (\$0.50.0)
	Other (specify) ▼		210.77	P/R Deduction (\$9.58 Semi- Monthly)
SU	BTOTAL of Receipts This Page (optional)			210.42
то	TAL This Period (last page this line number only	v)		
	I THE THIS I CHOOK (TASE PAYE THIS THE HUTTING OFF)	,,	·······	

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22/36								
			Use separate schedule(s)	(check only one)								
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12								
			Detailed Guillinary Fage	13 14 15 16 17								
Ar	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions								
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.								
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
\rangle	American Council of Life Insurers Politic	al Action (Committee									
	Full Name (Last, First, Middle Initial)											
۹.	Alane R. Dent			Date of Receipt								
	Mailing Address 101 Constitution Ave, NV	V		M M / D D / Y Y Y Y								
	Suite 700											
	City	State	Zip Code	Transaction ID: PR771444312234								
	Washington	DC	20001-2133	Amount of Each Receipt this Period								
	FEC ID number of contributing			40.00								
	federal political committee.	C		48.80								
	Name of Employer American Council of Life	Occupation	1	7								
	American Council of Life Insurers	Vice Pres	sident, Federal Relations									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General		500,00	P/R Deduction (\$24.40 Sem-								
	Other (specify)		536.80	i-Monthly)								
	Full Name (Last, First, Middle Initial)											
3.	T. Scott Dixon			Date of Receipt								
	Mailing Address 101 Constitution Avenue	NW		M M / D D / Y Y Y Y								
	Suite 700 West City	State	Zip Code	Transaction ID: PR771444912234								
	Washington	DC	•									
	•	DC	20001-2133	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		40.00								
	rederal political committee.											
	Name of Employer	Occupation	1	7								
	American Council of Life Insurers	Controlle	r									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General		440.00	P/R Deduction (\$20.00 Sem-								
	Other (specify)		440.00	i-Monthly)								
_	Full Name (Last, First, Middle Initial)			Data of Bassist								
J.	Mr. Andrew Melnyk Mailing Address 101 Constitution Avenue	NIVA/		Date of Receipt								
	Mailing Address 101 Constitution Avenue Suite 700	INVV		M M / D D / Y Y Y Y								
	City	State	Zip Code	Transaction ID: PR771445812234								
	Washington	DC	20001-2133	Amount of Each Receipt this Period								
	•		20001 2100									
	FEC ID number of contributing federal political committee.	C		28.16								
	Name of Employer American Council of Life	Occupation										
	Insurers		Research	_								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		309.77	P/R Deduction (\$14.08 Sem-								
	Other (specify) ▼		000.77	i-Monthly)								
_	LIDTOTAL of Decision Title D			116.96								
5	UBTOTAL of Receipts This Page (optional)		······									
T	OTAL This Period (last page this line number on	lv)										
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 36						
ITEMIZED RECEIPTS			or each category of the	(check only one)						
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17						
Δr	y information copied from such Reports and St	atements may	y not he sold or used by any nerso							
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	solicit contributions from such committee.						
\setminus	NAME OF COMMITTEE (In Full)									
	American Council of Life Insurers Politi	cal Action C	Committee							
A.	Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio			Date of Receipt						
	Mailing Address 101 Constitution Avenu Suite 700		-	M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR771449612234						
	Washington	DC	20001-2133	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50.00						
	Name of Employer American Council of Life Insurers	Occupation Senior Vi	n ce President							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		550.00	P/R Deduction (\$25.00 Sem- i-Monthly)						
_				4						
В.	Full Name (Last, First, Middle Initial) Mr. John K. Bruins			Date of Receipt						
	Mailing Address 101 Constitution Avenu Suite 700	e NW		M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR771450112234						
	Washington	DC	20001-2133	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		26.00						
	Name of Employer American Council of Life	Occupation								
	Insurers Receipt For:	Senior Ad	e Year-to-Date V							
	Primary General	Aggregate	rear-to-Date V	D/D Doduction (\$12.00 Com						
	Other (specify) ▼	0 0	286.00	P/R Deduction (\$13.00 Sem- i-Monthly)						
<u></u>	Full Name (Last, First, Middle Initial) Mr. Raymond J. Hazel			Date of Receipt						
C.	Mailing Address 7 Daydilly Court			M M / D D / Y Y Y Y						
	Maining Address / Daydiny Court			W W , B B , T T T T						
	City	State	Zip Code	Transaction ID: PR796887912234						
	Wilmington	DE	19808-1951	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		60.00						
	Name of Employer London Life Reinsurance	Occupation		7						
	Company		ce, & CFO							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	B/B B L i /dee ee B'						
	Other (specify)		380.00	P/R Deduction (\$20.00 Bi- Weekly)						
<u>ج</u>	UBTOTAL of Receipts This Page (optional)			136.00						
\vdash	CETAL OF HOSCIPIO THIS FAGE (OPHORAL)									
т	OTAL This Period (last page this line number of	only)								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 36 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	l Action (Committee	
A.	Full Name (Last, First, Middle Initial) Mrs Monica M Hainer Mailing Address 130 Wentworth Drive			Date of Receipt
		Ctata	7in Code	
	City Lansdale	State PA	Zip Code 19446-1671	Transaction ID: PR798114412234 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	82.00
	London Life Reinsurance	Occupation President Aggregate		P/R Deduction (\$27.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Maurice Perkins Mailing Address 101 Constitution Ave, NW	1		Date of Receipt
	Suite 700	Ctata	Zin Code	
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR805149112234 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2007 2100	136.66
	American Council of Life Insurers		sident, Federal Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1503.27	P/R Deduction (\$68.33 Sem- i-Monthly)
— Э.	Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman			Date of Receipt
	Mailing Address 101 Constitution Avenue, Suite 700	NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR904819512234
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	American Council of Life	Occupation Counsel	n Insurance Regulation	
	Insurers Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 550.00	P/R Deduction (\$25.00 Sem- i-Monthly)
S	UBTOTAL of Receipts This Page (optional)			268.66
т	OTAL This Period (last page this line number only	Λ)		9205.20

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	0	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 36 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may not e and address	be sold or used by any person of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Political A	Action Com	nmittee	
۸.	Full Name (Last, First, Middle Initial) Ohio National Life PAC Mailing Address One Financial Way			Date of Receipt 11 08 2007
		State	Zip Code	Transaction ID: 22133424
	EEC ID asserbase of contribution	OH C C0029	45242 6657	Amount of Each Receipt this Period 5000.00
		ccupation	ar-to-Date ▼ 5000.00	
3.	Full Name (Last, First, Middle Initial) CUNA Mutual PAC			Date of Receipt
	Mailing Address P.O. Box 747 City S	State	Zip Code	1 1 0 9 2 0 0 7 Transaction ID: 22230041
	Madison	WI	53701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C0040	2107	1000.00
	Name of Employer Oc	ccupation		
	Receipt For: Primary General Other (specify)	aggregate Yea	ar-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	•	 6000.00
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam													is
	NAME OF COMMITTEE (In Full)	e and address of any pointer	ai COIII		iillee	to sone	JIL COLILI	ibut	10115 11	OIII	Sucirio	OHIII	iiillee	
\rangle	American Council of Life Insurers Political	Action Committee												
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 22	2566	69		
Α.	Melissa Bean For Congress							_	isburs		nt	V	· V	V
	Mailing Address Post Office Box 3068						1 1	IVI	1	15	/ _	2	οŏ	7 '
	City	State Zip Code IL 60010					Amou	ınt o	f Each	n Dis	burse	men	t this I	Period
	Barrington Purpose of Disbursement	IL 60010										1	500.	00
	- Lapose of Bisbarsement			Ó	11						-			
	Candidate Name Rep. Melissa Bean				egory ype	/								
	Senate X President	ement For: 2008 Primary General Other (specify)												
_	State: IL District: 8 Full Name (Last, First, Middle Initial)													
В.	Berkley For Congress						Date		isburs	eme	07490 nt		V *	V
	Mailing Address P.O. Box 636						1 [™] 1	M	′ _ 1	1 5	/ _	ž	o ŏ ī	7 '
	City Annandale	State Zip Code VA 22003					Amou	int o	f Each	n Dis	burse			
	Purpose of Disbursement			٨	11				-			. 1	000.	00
	Candidate Name Rep. Shelley Berkley	Ca	ate	egory ype	/									
	Senate X President	ement For: 2008 Primary General Other (specify)												
	State: NV District: 1													
C.	Full Name (Last, First, Middle Initial) Castle Campaign Fund						Date	of D	isburs	eme	2565 nt			
	Mailing Address P.O Box 133						1 1	М	/ D	15	/ Y	ž	οŏ	7 ^Y
	City Wilmington	State Zip Code DE 19899					Amou	ınt o	f Each	n Dis	burse	-		
	Purpose of Disbursement			_				-				_ 1	000.	00
	Candidate Name Michael Castle		Ca	ate	11 egory ype									
	Senate X President	ement For: 2008 Primary General Other (specify)	!		<u>. </u>									
	State: DE District: 1						_	_					F00	
s	UBTOTAL of Disbursements This Page (optional)					<u> </u>	<u></u>					3	500.	VO
т	OTAL This Period (last page this line number only))			•	•								

		Use seperate schedule(s)		check or			١.		PA	GE	21/3	00	
II El	MIZED DISBURSEMENTS	for each category of the Detailed Summary Page	F	21b 27	Á	· -	X 23 28k	, <u>F</u>	24 28c	Н	25 29	П	26 30b
	formation copied from such Reports and Sta											5	
	commercial purposes, other than using the n	ame and address of any political c	omm	nittee to s	SOLICIT	contrik	outions	tron	n such c	comn	nittee		
1	AME OF COMMITTEE (In Full) merican Council of Life Insurers Polition	cal Action Committee											
Fu	ull Name (Last, First, Middle Initial)				Τ.	Transa	ction I	D : 2	20749	11			
4 . C	ongressional Black Caucus PAC					Date of	Disbu	rsen	nent			1/	
Ma	ailing Address 509 C Street, NE					1 1] / [15		ž	0 0 7	Y	
Ci	ty /ashington	State Zip Code DC 20002				Amoun	t of Ea	ch D	isburse	men	t this P	erio	d
_	urpose of Disbursement	20002			-					2	2500.0	00	
_			0	11									
Ca	andidate Name			egory/ ype									
Of		rsement For:											
	Senate President	Primary General Other (specify) ▼											
St	ate: District:	Carior (openity)											
Fu	ıll Name (Last, First, Middle Initial)					Transa	ction I	D : 2	20749	07			
3. Th	ne Elizabeth Dole Committee					Date of				· · V	V *	V	
Ma	ailing Address 421 Fayetteville St Ma Suite 1111	II				1 1 1]	1 5	5 ' ['	2	0 ŏ 7		
Ci Ra	ty aleigh	State Zip Code NC 27601				Amoun	t of Ea	ch D	isburse	men	t this P	erio	d
_	urpose of Disbursement			-						_ 1	000.0	00	
	andidate Name		_	11									
	lizabeth Dole			egory/ ype									
Of	ffice Sought: House Disbu	rsement For: 2008		· · · · · · · · · · · · · · · · · · ·									
	x Senate	X Primary General											
St	ate: NC District: 1	Other (specify)											
	ull Name (Last, First, Middle Initial)					Transa	ction I	D: 2	22565	02			
). E	nzi For U.S. Senate					Date of				·-			
Ma	ailing Address 1735 Sheridan Ave #2 P.O. Box 2656	33				11	/ [1 5	5 / Y	ž	0 0 7	Y	
Ci Ci		State Zip Code WY 82414				Amoun	t of Ea	ch D	isburse	men	t this P	erio	d
	urpose of Disbursement			-						_ 1	000.0	00	
	andidate Name en. Michael Enzi		Cat	egory/									
_		rsement For: 2008	1	ype	-								
	χ Senate President	X Primary General Other (specify) ▼											
St	ate: WY District: 2	Strict (specify) \											
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	CHEDULE B (FEC Form 3X)		rate schedule(s)			OR LII		IUMBE	R:			P	AGE	28 /	36	_
	EMIZED DISBURSEMENTS	Detailed S	ategory of the ummary Page		È	21b 27	É	22 28a	X	23 28b		24 280		25 29		26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name														ıs	
\vdash	NAME OF COMMITTEE (In Full)															
$ \rangle$	American Council of Life Insurers Political	Action Con	nmittee													
Α.	Full Name (Last, First, Middle Initial) Garrett for Congress							Trans					628			
	Mailing Address P.O. Box 905							м 1 1	М	/ [15	/	Y	0 0	7 ^Y	
		State NJ	Zip Code 07860					Amou	int o	f Ead	h Di	isburs		nt this		t
	Purpose of Disbursement				0	11						-		1000.	00	_
	Candidate Name Scott Garrett					gory/ pe										
		ment For: Primary Other (spec	2008 General													
_	State: NJ District: 5						4									
В.	Full Name (Last, First, Middle Initial) Maloney For Congress							Trans Date	of Di	isbur	sem	ent				
	Mailing Address 110 D Street, SE							1 1	M	/ [15		2	0 0	7 ^Y	
	•	State DC	Zip Code 20003					Amou	int o	f Ead	h Di	isburs		nt this		t
	Purpose of Disbursement			Г	0	11			-	_		-		1000.	00	_
	Candidate Name Rep. Carolyn Maloney			Ca	ate	gory/ pe										
	· —	ment For: Primary Other (spec	2008 General													
	State: NY District: 14															
C.	Full Name (Last, First, Middle Initial) Jon Porter for Congress							Trans Date	of Di	isbur	sem	ent				
	Mailing Address P.O. Box 26087							1 1	М	/ [15]	Ý	0 0	7 ^Y	
		State NV	Zip Code 89126					Amou	int o	f Ead	h Di	isburs		nt this		k
	Purpose of Disbursement			Г	0	11			-	_		-		1000.	00	_
	Candidate Name Jon Porter			Ca	ate	gory/ pe										
	• 2	ment For: Primary Other (spec	2008 General													
_	State: NV District: 3															
s	UBTOTAL of Disbursements This Page (optional) .					•	•						3	000.	00	
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SCHEDULE B (FECFOIIII 3X)	Use seperate schedule(s)	FOR LINE (check only		PAGE 29 / 36
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) American Council of Life Insurers Political				
Full Name (Last, First, Middle Initial) South Dakota First PAC Mailing Address 122 Maryland Ave, NE			Transaction ID: 20 Date of Disbursem	ent
City Washington	State Zip Code DC 20002		Amount of Each D	isbursement this Period
Purpose of Disbursement		011		2500.00
Candidate Name Office Sought: House Disburs	ement For:	ategory/ Type		
Senate President State: District:	Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) 3. Citizens for Arlen Specter			Transaction ID: 22	
Mailing Address 203 Maryland Ave, NE			11 28	Y 2007
City Washington	State Zip Code DC 20002		Amount of Each D	isbursement this Period
Purpose of Disbursement Candidate Name Arlen Specter	C	011 category/ Type		1000.00
* H	ement For: 2010 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) American Council of Life Insurers			Transaction ID: 2: Date of Disbursem	ent
Mailing Address 101 Constitution Ave, NV Suite 700	N		11 27	y žoň7 [°]
City Washington	State Zip Code DC 20001		Amount of Each D	isbursement this Period 250.00
Purpose of Disbursement In-kind for room rental, coffee service, Candidate Name		011 category/		230.00
9 1	ement For: 2008	Туре	In-kind for room	rental
Senate X President State: OH District: 15	Primary General Other (specify) ▼		coffee service, a of corporate resc meet and greet e	nd use ources for
SUBTOTAL of Disbursements This Page (optional)		<u>►</u>		3750.00
TOTAL This Period (last page this line number only				14750.00

S	CHEDULE B (FEC Form 3X)	lise sene	rate schedule(s)	FOR LINE		PAGE 30/36
IT	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c X 29 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam					
\ \	NAME OF COMMITTEE (In Full)	c and address	or any political		note continuations in	
\rangle	American Council of Life Insurers Political	Action Co	mmittee			
<u>, </u>	Full Name (Last, First, Middle Initial)				Transaction ID:	
٠.	Kip Averitt Campaign Committee				Date of Disburse	
	Mailing Address P.O. Box 20638				1"1 " 1	5 7 2007
	City Waco	State TX	Zip Code 76702		Amount of Each	Disbursement this Period
	Purpose of Disbursement Kip Averitt, STATE SENATE 22nd TX			011		500.00
	Candidate Name Kip Averitt			Category/ Type		
	9 🗎 –	ement For: Primary Other (spe	2010 General		Kip Averitt, ST 22nd TX	ATE SENATE
	State: TX District: 22					
3.	Full Name (Last, First, Middle Initial) Kim Brimer Campaign				Transaction ID: Date of Disburse	ement
	Mailing Address 1600 W. 7th Street Suite 650				1 1 D	5 7 2007
	City Ft. Worth	State TX	Zip Code 76102		Amount of Each	Disbursement this Period
	Purpose of Disbursement Kim Brimer, STATE SENATE 10th TX			011		500.00
	Candidate Name Kim Brimer			011 Category/ Type		
		ement For: Primary Other (spe	2008 General		Kim Brimer, S 10th TX	TATE SENATE
	Full Name (Last, First, Middle Initial)				Transaction ID:	22220040
Э.	Bill Brown for Senate 2010				Date of Disburse	ement
	Mailing Address 424 South Elm Place				1"1 " 1	2 7 2007
	City Broken Arrow	State OK	Zip Code 74012		Amount of Each	Disbursement this Period
	Purpose of Disbursement Bill Brown, STATE SENATE 36th OK			011		350.00
	Candidate Name OK Sen. Bill Brown			Category/ Type		
	X Senate X President	ement For: Primary Other (spe	2010 General		Bill Brown, ST. 36th OK	ATE SENATE
	State: OK District: 36					
s	UBTOTAL of Disbursements This Page (optional)			>		1350.00
т	OTAL This Period (last page this line number only)					

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b	22 28a	П	23 28b	24 28c	X	25 29	26
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or for commercial purposes, other than using the nan	ne and address of any political co	mmitt	ee to s	olicit cont	ributi	ons fro	m such	comn	nittee	
NAME OF COMMITTEE (In Full)										
American Council of Life Insurers Politica	Action Committee									
Full Name (Last, First, Middle Initial)				Trans	sacti	on ID:	222300)52		
Bill Brown for Senate 2010				Date	of Di	sburse		v • v	V .	V
Mailing Address 424 South Elm Place				1"1		1	2 /	2	0 ŏ 7	
City	State Zip Code			Amou	unt of	f Each	Disburse	ement	this P	eriod
Broken Arrow Purpose of Disbursement	OK 74012					•		_	350.0	0
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Candidate Name OK Sen. Bill Brown		Categ Typ								
	ement For: 2010			Void	- Pri	inting	Error			
X Senate President	Primary General Other (specify) ▼					Ū				
State: OK District: 36	- Lance (epoon)) V									
Full Name (Last, First, Middle Initial)							222303	374		
Bill Brown for Senate 2010				Date	of Di	sburse		v · v	V .	V
Mailing Address 424 South Elm Place					M	1	2 /	ž	0 ŏ 7	Y
City Broken Arrow	State Zip Code OK 74012			Amou	unt o	f Each	Disburse	ement	t this P	eriod
Purpose of Disbursement Bill Brown, STATE SENATE 36th OK		01	1	L.	_	-			350.0	0
Candidate Name OK Sen. Bill Brown		Categ Typ	•							
X Senate President	ement For: 2010 Primary General Other (specify)			Bill B 36th	rowi OK	n, STA	ATE SE	NAT	E	
State: OK District: 36 Full Name (Last, First, Middle Initial)				_			22222			
Burrage for Senate 2010						on ID: sburse	222300 ement		V	V
Mailing Address P.O. Box 309				1 1	IVI	1	2 ′	2	0 ŏ 7	
City Claremore	State Zip Code OK 74018			Amou	unt o	f Each	Disburse	-		-
Purpose of Disbursement Sean Burrage, STATE SENATE 2nd OK		01	1	<u> </u>					750.0	0
Candidate Name OK Sen. Sean Burrage	C	Categ Typ	•							
	ement For: 2010 Primary General Other (specify)			Sean 2nd (Bur OK	rage,	STATE	SEN	NATE	
<u>'</u>									750.0	0
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule	(s)	FOR LINE		PAGE 32/36
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page)	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c X 29 30b
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam					
\rangle	NAME OF COMMITTEE (In Full) American Council of Life Insurers Political		<u> </u>			
۹.	Full Name (Last, First, Middle Initial) John Carona Campaign				Transaction I Date of Disbu	rsement
	Mailing Address P. O. Box 600035				111	15 Y 2007
	City Dallas	State Zip Code TX 75360			Amount of Eac	ch Disbursement this Period
	Purpose of Disbursement John Carona, STATE SENATE 16th TX			011		500.00
	Candidate Name John Carona Office Sought: House Disburs	ement For: 2008		Category/ Type		
		Primary General Other (specify)	al		John Carona 16th TX	ı, STATE SENATE
3.	Full Name (Last, First, Middle Initial) Duncan for Senator				Transaction I	D: 22255588
	Mailing Address P.O. Box 2309				M M /	
	City Lubbock	State Zip Code TX 79408			Amount of Eac	ch Disbursement this Period
	Purpose of Disbursement Robert Duncan, STATE SENATE 28th TX			011		500.00
	Candidate Name Senator Robert Duncan			Category/ Type		
		ement For: 2008 Primary General Other (specify)	al		Robert Dunc TE 28th TX	an, STATE SENA-
Э.	Full Name (Last, First, Middle Initial) Craig Eiland for Representative				Transaction I Date of Disbu	rsement
	Mailing Address 2423 Market Street Suite 1				11	2 1 5 Y 2 0 0 7 Y
	City Galveston	State Zip Code TX 77550			Amount of Eac	ch Disbursement this Period
	Purpose of Disbursement Craig Eiland, STATE HOUSE 23rd TX		<u>ا</u> [011		500.00
	Candidate Name Craig Eiland Office Sought: X House Disburs	ement For: 2010		Category/ Type		
		Primary Genera Other (specify) ▼	al		Craig Eiland 23rd TX	, STATE HOUSE
S	UBTOTAL of Disbursements This Page (optional)			<u> </u>		1500.00
T	OTAL This Period (last page this line number only)				

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Leticia Van de Putte for Senator Mailing Address 3718 Blanco Road Suite 1 City State Zip Code San Antonio TX 78212 Purpose of Disbursement Leticia Van de Putte, STATE SENATE 26th Candidate Name Senator Leticia Van de Putte Office Sought: House Disbursement For: 2010	— —
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